06380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester — LENGTH OF STAY (in this place): 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Aytch, Jr.
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower.
8. DATE OF BIRTH: July 4, 1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: John Henry Aytch
14. MOTHER'S MAIDEN NAME: Anne King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocardial Insufficiency — 6-8 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure — 6-8 mo.

(c) Arteriosclerotic C-V Disease — ? yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to Jun. 13, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 9 25 P.m., from the causes and on the date stated above.

SIGNATURE: Irvin S. Hoyt (Degree or title) M.D. — ADDRESS: Queenstown Md. — DATE SIGNED: 6/15/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: June 17-53 — NAME OF CEMETERY OR CREMATORY: Chester — LOCATION (City, town, or county) (State): Chester Queen Anne Md

DATE REC'D BY LOCAL REG.: June 15, 53 — REGISTRAR'S SIGNATURE: Elizabeth Hopter — 24. FUNERAL DIRECTOR: Louis A. Henry, Camb. Md — ADDRESS: 222 Cedar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

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RECEIVED
JUN 30 1953
BUREAU V. S.

06381

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville - Rural
LENGTH OF STAY (in this place): 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Stevensville
STREET ADDRESS (If rural, give location): Batt's Neck

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ruth (Last) Bailey

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 18, 1952

9. AGE last birthday: yrs. If under 1 year: Months. 8 mos | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland - Talbot Co.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Roland Bailey

14. MOTHER'S MAIDEN NAME: Bertha Mae Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mother - Stevensville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
134.3 Immediate cause	(a) Septicemia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrush	1 wk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1953, to June 28, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irwin D. Hoff M.D. ADDRESS: Queenstown, Md. DATE SIGNED: 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE: July 1 1953 | NAME OF CEMETERY OR CREMATORY: Bozman | LOCATION (City, town, or county): Stevensville (State): Md

DATE REC'D BY LOCAL REG.: July 1, 1953 | REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: Annapolis.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; LENGTH OF STAY (in this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural, give location) Railroad Ave

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) ROUSIE (Last) BARCUS

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 14-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Reynold Story Jr.

14. MOTHER'S MAIDEN NAME: Alice Legg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: W. James Barcus Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency — Interval Between Onset and Death: 7-8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/22, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Wm. Martin, Jr. ADDRESS Queenstown, Md. DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 25-53

NAME OF CEMETERY OR CREMATORY: Chesterfield

LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: June 25-53

REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Barton Bros. ADDRESS: Centreville Maryland

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JUN 30 1953
BUREAU V. S.

06383

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) Jackson (Last) Dukes

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 53 19

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/8/1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Griffith
14. MOTHER'S MAIDEN NAME: Mollie Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Elizabeth Ware Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Acute Cardiac Dilatation
DUE TO
Antecedent cause(s) (b) Chronic Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
581.0 (c) Arterial Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver

19a. DATE OF OPERATION: W
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1952, to Jan 22, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 4 A m, from the causes and on the date stated above.

SIGNATURE C. N. Upstead (DEGREE OR TITLE) M D ADDRESS Ford Assville Md DATE SIGNED 6/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/25/53
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. 6/25/53
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06384

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Kent Narrows
LENGTH OF STAY (in this place) 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Southampton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X 43
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Faltz

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: — 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: oystering

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-12-3575

17. INFORMANT & ADDRESS: Ella Faltz

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 443X Arteriosclerosis (general + cerebral — about

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) hypertensive cardio-vascular disease — 5 yrs

DUE TO (c) Chronic nephrosis, senility — about 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: hemiplegia — 3 weeks

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953 to June 13th, 1953, that I last saw the deceased alive on June 12, 1953, and that death occurred at 9:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore Battelmann M.D. — ADDRESS Hillsville — DATE SIGNED June 15 1953

23. BURIAL, CREMATION, REMOVAL • (Specify) Burial — DATE THEREOF 6-19-53 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) (State) Chester, Md.

DATE REC'D BY LOCAL REGISTRAR June 17-1953 — REGISTRAR'S SIGNATURE Helen M. Aldridge — 24. FUNERAL DIRECTOR James R. Daniels — ADDRESS Easton, Md.

VS. A15

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JUN 19 1953
BUREAU V. S.

06385

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queene Anne; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Theodore (Last) Gardner

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 5-1873

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman In Lumber yard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gardner

14. MOTHER'S MAIDEN NAME: Mary Jane Kersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Mary Gardner--Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331/x Immediate cause (a) Cerebral hemorrhage — 24 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Enlarged heart.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1953, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE Wilson E. Snyder (Degree or title) ADDRESS Stevensville Md DATE SIGNED 6/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 30 — NAME OF CEMETERY OR CREMATORY Stevensville — LOCATION (City, town, or county) (State) Stevensville, Md.

DATE REC'D BY LOCAL REG. June 30-1953 — REGISTRAR'S SIGNATURE Elizabeth Hopper

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill, Md.

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06386

CERTIFICATE OF DEATH

Reg. Dist. No. 251

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Queen Anne MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Queen Anne

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) S. (Last) LEGG

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman Legg

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Anna Legg - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Bronchial Pneumonic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Bronchitis

DUE TO

(c) Chronic myocarditis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: W

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to June 27, 1953, that I last saw the deceased alive on June 25, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE C. H. Mitchell (Degree or title) MD ADDRESS Pocahontas Md DATE SIGNED June 29, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 30, 1953

NAME OF CEMETERY OR CREMATORY Millington Cemetery

LOCATION (City, town, or county) Millington, Kent Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-29

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.

RECEIVED
JUL 10 1953
BUREAU V. S.

06387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queene Anne; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle) G.; (Last) Smith

4. DATE OF DEATH: (Month) June; (Day) 23; (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: about 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Prichett-Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12-, 1953, to 6/23-, 1953, that I last saw the deceased alive on 6/20-, 1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Centreville Md. 6/25 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: June 25; NAME OF CEMETERY OR CREMATORY: Salem; LOCATION (City, town, or county) (State): Near Centreville, Md.

DATE REC'D BY LOCAL REG. 6-25; REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane Church Hill, Md.

VS. Art. 7

RECEIVED
JUL 10 1953
BUREAU V. S.

06388

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudbeville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudbeville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) E. (Last) Thompson
4. DATE OF DEATH (Month) June (Day) 12 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec. 12, 1908
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaah B. Beck
14. MOTHER'S MAIDEN NAME Elizabeth Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. James Henry Sudbeville Thompson md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to June 12, 1953 that I last saw the deceased alive on Jun 9, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE C. H. Whitcraft (Degree or title) MD ADDRESS Sudbeville Md DATE SIGNED 6/12/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/16/53
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Marydel, Md.

DATE REC'D BY LOCAL REG. 6-12
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Colvin Clark Done ADDRESS Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06389

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pondtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pondtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) REDEN (Middle) (Last) WATERS

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 27 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Brick yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Waters

14. MOTHER'S MAIDEN NAME: Sarah unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Cora I. Mills 74 Poplar St. Penngrove Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4222

Immediate cause (a) Narcolepsy — 40 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) chr. myocardial insufficiency — 2 mos

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 8, 1952, to June 22, 1953, that I last saw the deceased alive on 6/22, 1953; and that death occurred at 2-45 P.M., from the causes and on the date stated above.

SIGNATURE W. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 25 1953 — NAME OF CEMETERY OR CREMATORY Union Cem. — LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-27 — REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Tillou — ADDRESS Millington Md.

RECEIVED
JUL 10 1953
BUREAU V. S.